



AIR QUALITY BUREAU
7900 Hickman Rd., Suite 1
Urbandale, IA 50322

Application for Operating Permit by Rule for Small Sources
(Also known as "Fifty Percent Permit")

Form 1.0

Facility Identification - Certification

☐ Small Source

☐ De Minimus Source

1) COMPANY/FACILITY Name			2) EIQ No.	
3) FACILITY Street Address		4) Facility City	State IA	5) Zip Code
6) Facility Permit Contact Person		7) Facility Contact Phone Number		
8) MAILING Street/P.O. Address		9) Mailing City	10) State	11) Zip Code
12) PARENT COMPANY/OWNER Name		Principal Activity - Processes and Products 19) Activity Description		
13) Parent Company/Owner Mailing Address				
14) City	15) State	16) Zip Code	Secondary Activity	
17) Parent Company Contact/Agent				
20) Activity Description				
18) Parent Company Contact Phone Number		21) Twelve Month Period used for Total Emissions	Begin: End:	

22) Actual - Facility Total Emissions (Tons Per Year)

PM-10	SOx	NOx	VOC	CO	Lead	HAPs
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Certification & Commitment to Operate under the terms and requirements of 567 IAC Rule 22.300.

"I certify that all equipment at the facility with the potential to emit any regulated pollutant is included in the registration form, and submitted to the department as required in 22.300(8)"b." I understand that the facility will be deemed to have been granted an operating permit by rule for small sources under the terms of 567 IAC 22.300(455B) only if all applicable requirements of 567 IAC 22.300(455B) are met and if the registration is not denied by the director under 567 IAC 22.300(11). This certification is based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete."

Signature of Responsible Official

Date Signed

23) Designation of the Responsible Official - 567 IAC 22.100

Name	Address		
Title	City	State	Phone

Duplicate this form as needed.

TYPE OR PRINT ALL INFORMATION

(DNR Form 542-1520. May 17, 1996)